Application or Docket Number												nber	
PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2000								0975/193					
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
T#2	TAL CLAIMS		(Column 1) (ımn 2) TY		TYPE		OR	SMALL ENTITY		
TOTAL CLAIMS							R/	TE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA	BASIC FE		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			(7-minus 20=		• - 37		X	9=		OR	X\$18=	666	
INDEPENDENT CLAIMS			minus 3 = .			r3	X40=			OR	X80=	24-9/	Ø
MULTIPLE DEPENDENT CLAIM PRESENT									1	1	070		
• If	the difference	in column 1 is	less than ze	ro, enter	"0" in c	column 2		35=		OR	+270=	Vi CT	
* If the difference in column 1 is less than zero, enter "0" in column 2							10	TAL	L	OR	TOTAL	456	161.6
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SM	ALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS		HIGH	EST :				ADDI-	1		ADDI-	
		REMAINING AFTER		PREVIO	DUSLY	PRESENT EXTRA	RA	TE	TIONAL		RATE	TIONAL	
	Total	AMENDMENT	Minus	- 5	FOR				FEE			FEE	
	Independent	• 57	Minus Minus		<u> </u>	- 6	X\$	9=		OR	X\$18=		
		NTATION OF MI		(CLAIM	- 😥	X4	0=		OR	X26=	516	
تا	FINOT FACOE	NIATION OF MI	JEHIPLE DEF	CINDEIN	CEAIN		+13	5=		OR	+270=		
	١ ,	1						DTAL			TOTAL	5/12	الهرا
11	129/21	(Column 1)	(Column 2) (Column 3)				ADDIT	FEE	<u> </u>		ADDIT. FEE	SIE	E
AMENDMENT B		CLAIMS	\$	HIGH	EST				ADDI-	1		ADDI-	
		REMAINING AFTER		PREVIO	DUSLY .	PRESENT EXTRA	RA	rE	TIONAL		RATE	TIONAL	
	T. a.d	AMENDMENT		PAID	<u>~</u>	 	-		FEE			FEE	
	Total	. 39	Minus	-5	/	=	X\$	9=		OR	X\$18=		
	Independent	NTATION OF MIL	Minus	···) (CLAIM	=	X4)=		OR	X80=	/	
	FINOT FRESE	ITATION OF MIC	DETIFIE DEF	ENDENT	CEANN		+13	5=		OR	+270=		
		•					T(TAL		OR	TOTAL ADDIT. FEE	10	
(Column 1) (Column 2) (Column 3)								FEE		,	KUDII. FEE	7.7	
AMENDMENT C		CLAIMS REMAINING		HIGH NUMI	EST	<u> </u>			ADDI-			ADDI-	
		AFTER		PREVIO	DUSLY	PRESENT EXTRA	RAT	Έ	TIONAL		RATE	TIONAL	
	Total	AMENDMENT	Minus	PAID	гон		-		FEE			FEE	
			ļ.—			=	X\$	9=		OR	X\$18=		
AM	Independent	NITATION OF MI	Minus	ENIDENIT	CI AILA		X40) =		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= OR +270=													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
••	I the "Highest Nur	mber Previously Pa mber Previously Pa	aid For IN THIS	S SPACE I	s less tha	n 20, enter "20."	ADDIT.			OR ,	ADDIT. FEE		
		ber Previously Pai					found in t	ne app	ropriate box	in col	umn 1.		